

Journal Article

Adapting existing behaviour: perceptions of substance switching and implementation of minimum pricing for alcohol in Wales

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Abstract:	<p>Minimum Pricing for Alcohol (MPA) was enacted in Wales on March 2nd 2020. During the legislative process (i.e. consultation and parliamentary discussion), concern was expressed about the possibility of some drinkers switching to using other substances in response to any rise in the cost of alcohol. This paper reports on findings from a study which explored these pre-implementation concerns and how the policy was shaped. The research involved surveys (n=193) and interviews (n=87) with drinkers (predominantly harmful or treatment seeking) and providers of services. Survey responses were detailed, thus when combined with the interviews, provided a wealth of qualitative data, which are drawn upon in this paper. The findings highlight an expectation that most drinkers would respond to the new policy with adaptations of their coping mechanisms to maintain alcohol use at pre-legislative levels. This was either by switching alcohol products and adjusting their lifestyle to maintain an affordable drinking habit or developing new behaviours to manage additional costs. A small group of those with previous experience of drug use were identified as likely to switch from using alcohol to some other substances. Prior to the legislation being implemented awareness of the detail of the policy was found to be low, and perceptions of increased potential harm for certain groups were linked to concern about a lack of treatment capacity</p>

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4 pricing for alcohol in Wales.
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8 Authors A,, B,, C,, D,, E,, and F.
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11 Abstract

12
13 Minimum Pricing for Alcohol (MPA) was enacted in Wales on March 2nd 2020. During the legislative
14 process (i.e. consultation and parliamentary discussion), concern was expressed about the possibility
15 of some drinkers switching to using other substances in response to any rise in the cost of alcohol.
16 This paper reports on findings from a study which explored these pre-implementation concerns and
17 how the policy was shaped. The research involved surveys (n=193) and interviews (n=87) with drinkers
18 (predominantly harmful or treatment seeking) and providers of services. Survey responses were
19 detailed, thus when combined with the interviews, provided a wealth of qualitative data, which are
20 drawn upon in this paper. The findings highlight an expectation that most drinkers would respond to
21 the new policy with adaptations of their coping mechanisms to maintain alcohol use at pre-legislative
22 levels. This was either by switching alcohol products and adjusting their lifestyle to maintain an
23 affordable drinking habit or developing new behaviours to manage additional costs. A small group of
24 those with previous experience of drug use were identified as likely to switch from using alcohol to
25 some other substances. Prior to the legislation being implemented awareness of the detail of the
26 policy was found to be low, and perceptions of increased potential harm for certain groups were linked
27 to concern about a lack of treatment capacity.
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34 Introduction

35 *Legal context*

36
37 Since achieving devolved status in 1999, the Welsh Government has increasingly developed its own
38 policy responses with regard to alcohol and other drugs. Its current 2019-2022 delivery plan extends
39 the core framework established in its 2008-2018 strategy; 'Working Together to Reduce Harm'. The
40 review of that strategy (Author A et al, 2018), had as one of its key recommendations that the Welsh
41 Government consider the immediate adoption of a minimum price for alcohol policy to reduce the
42 increasing levels of alcohol-related harm. The imperative nature of this was emphasised as the window
43 of opportunity for the Welsh Government's adoption of such a measure was likely to disappear with
44 the demarcation of devolved powers under implementation of the Wales Act 2017. This Act redefined
45 which matters were reserved to Westminster (United Kingdom Government) and those devolved to
46 Wales, and interpretation suggested that after the Act, the power to implement such a policy would
47 be reserved to Westminster.
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52 While the Welsh Government had already begun deliberations on the merit of minimum pricing
53 (Author A, 2018), and had drafted its own legislation in 2015¹, its delay had been influenced by active
54 monitoring of issues emerging from Scotland, following on from The Alcohol (Minimum Pricing)
55 (Scotland) Act 2012. The pressures of the Wales Act 2017 led to the adoption of legislation in 2018
56
57
58

59 ¹ Welsh Government (2015) Draft Public Health (Minimum Price for Alcohol) (Wales) Bill
60 <https://gov.wales/sites/default/files/consultations/2018-01/150715memorandum.pdf>

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3 namely; The Public Health (Minimum Price for Alcohol) (Wales) Act 2018. It became an element of
4 current policy delivery through enactment on March 2nd 2020.
5

6 *Models of Minimum Pricing for Alcohol*

7
8 The Welsh Government policy of minimum pricing for alcohol (MPA) utilises the same mechanism, as
9 in Scotland, explicitly that of mandating a minimum unit price. In doing so it became the second
10 country to adopt a whole national approach to minimum unit pricing, as opposed to other smaller
11 specific state-limited introductions of minimum unit pricing, notably in Australia and Canada (Keatley
12 et al, 2008; Thompson et al, 2017). Minimum pricing for alcohol through other mechanisms has been
13 adopted elsewhere. For example Uzbekistan prohibits below-cost selling (selling for a price less than
14 the production cost) and Belarus, Russia, Ukraine and Moldova have different levels of minimum
15 pricing depending on the type of alcohol (i.e. beer, wine, spirits) (Author A, 2018). It is also worth
16 noting that, although it did ban below cost price selling in 2014 (Woodhouse, 2020) and despite
17 various calls to do so, the UK Government has no plans to introduce minimum unit pricing for alcohol
18 in England
19
20
21

22 *Effectiveness of Minimum Pricing for Alcohol*

23
24 The impact of increased alcohol prices (including taxation and minimum unit pricing) on reductions in
25 alcohol consumption is well established and evidenced in empirical literature (Robinson et al, 2014;
26 Stockwell, 2012a; Stockwell, 2012b), meta-analyses (Wagenaar et al, 2009) and systematic reviews
27 (Elder et al, 2010; Fogarty, 2010; Nelson, 2013; Sharma et al, 2017). This evidence base supports
28 notions that controlling levels of alcohol consumption leads to reductions in alcohol-related harm
29 (Nelson et al, 2013; Wagenaar, 2009). The Sheffield Alcohol Research Group (SARG) at the University
30 of Sheffield has been particularly influential in the UK's modelling of unit price as a mechanism for
31 such changes in consumption and harms. They provided the Welsh Government with an initial
32 modelling of the potential impact of a number of different minimum prices from 35-70p per unit in
33 2014 (Meng et al, 2014), and this was adjusted for inflation in 2018 (Angus et al, 2018). The Welsh
34 Government consulted on and adopted a unit price of 50p, the same as that in force in Scotland. The
35 impact of this would be a significant increase (up to 200%) in the cost price for some very cheap cider
36 products, and some more modest increases (10-25%) on certain lower priced beers, wines and spirits;
37 and bulk discount purchases.
38
39
40

41 *Potential unintended consequences*

42
43 One of the concerns repeated through the proceedings of the Bill, and in particular from some Welsh
44 Assembly Members, was the possible unintended consequences arising from the legislation, including
45 the possibility of hazardous and harmful drinkers switching to other potentially more harmful
46 substances². However, while effect of price on alcohol consumption is well documented, far less is
47 known about the fuller and wider impacts on drinkers and the communities in which they live. A
48 commitment was therefore made to commission research that would investigate these concerns prior
49 to the legislation's enactment. The research reported in this article is drawn from that commissioned
50 research.
51
52

53 *Aims of the research*

54
55 The main aim of the study was to explore the extent to which switching or substituting substances
56 was considered likely as a result of introducing MPA in Wales (Araya & Paraje, 2018; Sharma et al,
57
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² Health, Social Care and Sport Committee 23/11/2017 <http://record.assembly.wales/committee/4416>

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2
3 2017). However, the study also sought to investigate how drinkers would cope in response to less
4 affordable alcohol and hence identify additional unintended consequences of the legislation (Erickson
5 et al, 2018). Of eleven objectives in the primary research element, four focused on individuals working
6 as providers of services to people with alcohol problems (i.e. service providers) and seven focused on
7 people receiving support from those services (i.e. service users). Thus, the research element reported
8 on in this paper concentrates on the perceptions of two specific populations about the likely impact
9 of a new policy.
10
11

12 Methodology

13
14 The study was composed of secondary and primary research. A systematic literature review of
15 substance switching behaviour, critically examining 23 sources, from initial Boolean searches that
16 yielded 794 potential studies, is referenced, but not directly retold, throughout this paper (see Author
17 B et al, 2019). The primary research adopted a cross-sectional design, utilising a mixture of survey and
18 interview responses to study the moment in time prior to the implementation of the legislation
19 (Bryman, 2016).
20
21

22 The adoption of a principally qualitative strategy enabled data to be gathered on service providers'
23 and service users' knowledge, understanding, perceptions of and attitudes towards the key issues
24 relating to MPA and its potential consequences, especially those of switching behaviour. This was
25 particularly useful for helping to understand how they interpreted the policy and for seeing its
26 potential impact through their eyes (Wincup, 2017). A combination of interviews and online
27 questionnaires were used. The sample was a targeted one, in that it focused on harmful and hazardous
28 drinkers engaged in some form of treatment for drink-related concerns (service users) and those
29 providing services for such, predominantly alcohol alone but sometimes in combination with other
30 drug use (service providers). Additional regard was given in the survey element to harmful and other
31 drinkers not engaged with services. The research focused on adults aged 18 and over who were either
32 resident in Wales or involved in the delivery of alcohol services within Wales, with the option to
33 participate provided in either the English or Welsh language.
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37 Interviews were conducted with 49 service users and 38 service providers (including operational
38 management and frontline staff). Three of the service user interviews were group interviews. Most
39 individual interviews were conducted face-to-face with a small number being undertaken via
40 telephone. All were recorded and subsequently transcribed. Convenience sampling was used to
41 recruit interviewees from alcohol services operating across the seven Area Planning Board (APB) areas
42 of Wales. Both the service user and provider interviews followed a semi-structured approach;
43 common starting questions were used, and exploration of answers undertaken. The service users were
44 predominantly male, aged 45-54, with over half using alcohol only. The service providers were equally
45 split male and female, most had over five years of direct work experience and were in the alcohol or
46 drug sector, with a smaller number working in aligned services (e.g. criminal justice, domestic violence,
47 and housing). Respondents were situated all over Wales, and hence included both urban and rural
48 experiences.
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52 The survey questionnaires were created in Online Surveys (formerly Bristol Online Surveys) and
53 included both closed and open-ended questions. Separate surveys were made available to drinkers
54 and service providers and were distributed by email through a mixture of organisational and
55 researcher contacts, plus through social media (i.e. Facebook and Twitter). In total, 100 service
56 providers and 93 drinkers completed the surveys, five of the latter completed hard copies (with the
57 assistance of their support worker), which were subsequently entered by a member of the research
58 team. The survey drinkers were broader in their age range and extent of drinking than the specific
59
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3 treatment population that took part in the interviews. The demographic make-up of the service
4 providers responding to the survey was broadly consistent with those of the interview population.
5 Both groups of survey respondents put considerable time and effort into their survey responses and
6 included detailed answers to the open-ended questions. Consequently, far more qualitative data than
7 had originally been anticipated were gathered. The qualitative elements of the surveys combined with
8 the in-depth interview data, generated a rich set of data upon which this paper is based.
9
10

11 The two sets of survey data were exported from Online Surveys directly into Statistical Package for
12 the Social Sciences (SPSS). The survey responses were analysed using SPSS, Excel and Word to facilitate
13 the analysis of the extensive amount of data collected. All interview transcripts were anonymised and
14 then uploaded into NVivo. Data coding was quality assured by different team members checking each
15 other's coding and/or leading on separate coding. This process helped to ensure that it was more likely
16 the final extracted themes were not just the personal interpretation of one team member and borne
17 out of the data. A thematic analysis approach was adopted, and a thematic framework grounded in
18 the data was developed and reshaped (Glaser & Strauss, 1967; Braun & Clarke, 2006). Consistent with
19 this approach, the coding framework (a) utilised propositional starting points drawn from the
20 literature research, advisory group consultation and tender documentation; and (b) emerging iterative
21 perspectives.
22
23
24

25 Ethical approval was granted from two Universities and Her Majesty's Prisons and Probation Service.
26 All respondents provided consent; online for surveys, in writing for face to interviews and verbally/via
27 email for telephone interviews. Data examples used in the final report and this paper, are identified
28 first as either a drinker or service provider, and then whether gathered via interview or survey, and
29 then finally within this, each is given a unique number (other than those in a group interview).
30
31

32 Findings

33 Broadly speaking there was consistency between the responses of drinkers and service providers.
34 Most respondents anticipated negative results from MPA and only some drinkers (notably the
35 moderate ones within the survey) were confident about being able to cope and adapt to the changes.
36
37

38 Potential for switching substances

39 The key message in terms of the aim of the study, was that for most drinkers, the likelihood of
40 switching substances related to their existing behaviour patterns. Thus, where drinkers did not use
41 other drugs, the perceived likely consequence of MPA was switching from one drink or brand to
42 another. This was because it was felt that for many drinkers, alcohol was a clear drug of choice and
43 one they would continue to prioritise. Crossing over to drugs, and especially towards the margins of
44 legal/illegal activity, was just not an option for most drinkers:
45
46
47

48 *'I don't think I'd just deliberately go out and switch to something that I'm not really interested*
49 *in.'* (Drinker, Interview 04)

50 *'They are two separate entities anyway...Different in terms of their effects. ... But it was mainly*
51 *the alcohol for me.'* (Drinker, Interview 10)

52 *'They're just going to still be an alcoholic, they're just going to get it somehow.'* (Drinker,
53 Interview 25)

54 *'I don't like drugs. I don't like the idea of them.'* (Drinker, Interview 13)

55 *'The idea of doing an illegal drug wasn't comfortable.'* (Drinker, Interview 23)

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3 *'Some of them won't go on ... they're completely anti-drugs.'* (Provider, Interview 22)
4

5 The expected switch was most often expressed as a move away from strong ciders (that would become
6 far more expensive under the new legislation) towards spirits and wine, with an emphasis on getting
7 the best possible value for each pound spent.
8

9 *'If a bottle of cider cost £2.50 and then you're going to pay £8.00, you're just going to make*
10 *people drink vodka instead of cider. Sorry.'* (Drinker, Interview 31)
11

12 Conversely there was a suggestion that for those with prior experience of drug use, switching away
13 from alcohol was more likely. This expectation was associated with certain groups, notably, street
14 drinkers. This group were seen as being both more dependent on alcohol and having fewer financial
15 alternatives or other coping mechanisms to fall back on:
16

17 *'a pressing need to meet their dependency requirements'* (Provider, Survey 93)
18

19 *[would not be able] 'to afford their alcohol dependency so [would] access a cheaper substance'*
20 *(Provider, Survey 94)*
21

22 *'Because they are simply trying to forget shit that has happened to them and numb themselves*
23 *to what is around them. If alcohol won't be doing this, and there is no or little support, then of*
24 *course they will use something else.'* (Provider, Survey 72).
25
26

27 The predicted pattern of switching to other substances, when it did occur, was consistent amongst
28 the respondent groups. This was focused on a combination of factors: availability; price; and
29 mimicking the effect of alcohol. Thus, where switching away from alcohol was to occur, it was
30 predicted that this would most likely be to substances that mimic the effects of alcohol, such as
31 benzodiazepines:
32

33 *'The diazepam is the next closest thing to alcohol.'* (Drinker, Interview 04)
34

35 *'Going to take something else that gives you the same feeling as a drink, but is a lot cheaper,*
36 *like Valium.'* (B1, Drinker, Group Interview B)
37

38 *'R: Or looking for something else to bridge the gap, like going to your GP maybe, asking for*
39 *something instead of alcohol.*

40 *I: Okay. What might that be then?*

41 *R: I don't know, sleeping tablets maybe.'* (Drinker, Interview 08)
42
43
44

45 Cannabis and 'spice' (or other Novel Psychoactive Substances, especially synthetic cannabinoid
46 substitutes) emerged as other possible substitutes, but only a few suggested that a switch to cocaine
47 or opiate use might be likely:
48

49 *'If a polydrug user this could be an issue.'* (Provider, Survey 73)
50

51 *'Those that already take both drugs and alcohol may turn more to drugs.'* (Provider, Survey
52 18)
53

54 *'Unknown, but a possibility of those looking at previous use and starting using again –*
55 *potentially more affordable options.'* (Provider, Survey 78)
56

57 Finally, there were occasional references to the possible substitution of other substances, like food,
58 coffee or Non-Beverage Alcohol (i.e. hand sanitiser or methylated spirits), the latter of which was a
59 matter of considerable concern for some given the serious potential health consequences.
60

Awareness and understanding of MPA

There was little and sometimes no awareness of the impending MPA policy among most interviewees and survey respondents. What awareness there was had usually either been triggered by the research process or through news or community discussion:

'Really what is reported on the news.' (Provider Interview 15)

'I believe it's something to do with the pricing of per unit, is that correct?' (Provider, Interview 26).

Thus, very few individuals in the study had any accurate, concrete, or detailed understanding of the plan to introduce MPA in Wales.

Associated with this were four dominant perceptions:

(i) doing something about cheap alcohol and harms was welcomed and perceived as indicative of a positive cultural shift which was likely to particularly benefit future generations/younger people:

'To try to reduce consumption of alcohol by increasing minimum price.' (Drinker, Survey 2)

'To avoid cheap alcohol beverages.' (Drinker, Survey 70)

'Yes, I mean I think students it could have a positive effect because often students go for the cheap beers and ciders and they're definitely not going to be able to afford it. So, I think it'll have a positive effect on students.' (Provider, Interview 32)

(ii) the introduction of a minimum price (especially the expressed 50p) would make very little overall difference to most people's drinking. It was considered that moderate drinkers would not be affected by the price increase largely because they did not drink enough for the increase in price to impact on them. However, for dependent drinkers, the need to continue drinking was expressed very strongly:

'I would find a way to get the desired effect of the alcohol in my system. People will find a way around it.' (Drinker, Interview 15)

'When I was really at the bottom of the pit, when I was on the street and all, I would have found money for any drink to get wrecked.' (Drinker, Interview 29)

'None. It won't deter people from drinking. People will spend less in other areas, i.e. children's shoes, school trips, family days out, food etc. The only people benefitting will be the manufacturers.' (Drinker, Survey 21)

(iii) where the impact would be on a small group of already vulnerable individuals:

'No, people on the streets may be struggling more because they just want to knock themselves out all the time and what's going on. So, they'd be looking for anything to try ...' (Drinker, Interview 08)

'And people who perhaps are in work but on minimum wage or very poorly paid, I think for them they're not going to be able to afford to buy what they've been buying. And hopefully it'll help those people look at it a bit more as well and some of the harmful effects of drinking those awful ciders and lagers won't be there because they're not going to be able to afford it.' (Provider, Interview 32)

1
2
3 *'Minimum pricing on anything only really affects those on lower incomes and from lower socio-*
4 *economic backgrounds.'* (Drinker, Survey 40)
5

6 and (iv) a belief that the price change was a tax, with questions about where the new revenue would
7 go:
8

9 *'Where does the money go, that's another thing, where does the money go for that increase?'*
10 *(Provider, Interview 04)*
11

12 *So, it's a tax on everyone and the manufacturers are quids in and the rich get richer.'* (Provider,
13 Survey 91).
14

15 There was an expectation that the introduction of MPA would be associated with more demands being
16 placed on a range of public services including: health, housing, substance misuse treatment, and
17 policing:
18

19 *'If they cannot afford to continue their current drinking levels this will be very dangerous for*
20 *them. This in turn will have a huge impact on the NHS if they enter withdrawal. (Provider,*
21 *Survey 7)*
22

23 *'Dependent drinkers will be unable to fund their alcohol use putting their lives in danger as*
24 *access to clinical services is subject to significant waiting lists. Impact on A&E admissions due*
25 *to alcohol withdrawal. (Provider, Survey 68)*
26
27

28 Coping with the implementation of minimum pricing for alcohol 29

30 A range of potentially different coping mechanisms were identified that related to the perceived level
31 of impact on different groups. Thus, for low-medium risk drinkers and those with sufficient income,
32 the general sense was that any increase in expenditure would be absorbed into existing budgets and
33 that no significant adaptation or change in behaviour would be warranted.
34

35 However, for those drinking at high risk or dependence levels and those with particularly low incomes,
36 it was suggested that adaption of behaviour was much more likely, and a range of coping mechanisms
37 were identified. As already mentioned, one was the coping mechanism of switching to stronger drinks
38 providing higher levels of intoxication. Associated with this was an increased probability of:
39
40

41 (i) re-aligning existing budgets e.g. going without or not paying some bills,
42

43 *'Oh God, yes. If it would come down to food or drink, it would definitely be drink. Oh God, yes,*
44 *definitely.'* (Drinker, Interview 27)
45

46 *'And if you're in that place where you're still using, and you've got money to buy food or buy*
47 *drink, you're going to buy the drink.'* (Drinker, Interview 14)
48

49 *'So, they may well cut down on food and necessities and things that they should be doing*
50 *around the house, to save up and buy the alcohol.'* (Provider Interview 14)
51

52 (ii) borrowing from family members or friends,
53

54 *'Friends borrow us money, I just get it where I can really.'* (Drinker, Interview 03)
55

56 *'Mates. Yes, friends and family and obviously ask my family to lend me money.'* (Provider,
57 Interview 34)
58

59 (iii) more credit through pubs or shopkeepers,
60

1
2
3 *'I had a credit tab at the corner shop where I'd max that out to £200. So that was one line of*
4 *obtaining it that would have dried up. But then I perhaps would have got paid, paid that,*
5 *racked it up again.'* (Drinker, Interview 11)
6

7
8 and (iv) an increase in acquisitive crime:

9 *'To tell the truth, we sometimes have to go out and make the money, i.e. beg or work for it.'*
10 *(Drinker, Group Interview A)*
11

12 *'If they cannot afford to buy the amount that they need then, yes, they will I think, they might*
13 *resort to stealing it.'* (Provider, Interview 14)
14

15 In addition to managing affordability, was the consideration that individuals might look for alternative
16 sources of alcohol:
17

18 (i) through cross-border shopping,
19

20 *'I could envisage how you might sort of think "well it's only a few miles away, I'll make my way*
21 *over there and buy it there because it's cheaper", maybe.'* (Drinker, Interview 23)
22

23 *'Well, they can just go over there then, yes. They're going to be, aren't they? That's what*
24 *they're going to do then, yes, you'd have thought. Especially now the tolls have gone. Why*
25 *not?'* (Drinker, Interview 25)
26
27

28 (ii) by home brewing,
29

30 *'Well, I've looked into it and I've got all the plans and the whole thing ready to make a little*
31 *distillery in the shed. Pressure cooker modified and you can support your habit and make*
32 *money.'* (Drinker, Interview 09)
33

34 *'I just think people are going to think if they can't afford to buy the alcohol from the shop they*
35 *are going to try and make it themselves and then I think we'd be looking at how do you manage*
36 *that, how do you monitor that?'* (Provider, Interview 29)
37

38 and (iii) by purchasing counterfeit or illicit alcohol.
39

40 *'It could encourage more people or criminal gangs to sell counterfeit products.'* (Provider,
41 *Survey 9)*
42

43 *'Increase in the amount of unregulated bootleg and smuggled alcohol.'* (Provider, Survey 81)
44

45 There were a number of suggestions that coping with an increase in price due to MPA, or the pressures
46 of maintain drinking habits, would be likely to have a negative impact on other aspects of life, notably
47 mental health, family and housing.
48

49 Preparing and planning for the introduction of minimum pricing

50
51 Given the general lack of awareness, it naturally follows that preparation for the impending change
52 by either service providers or drinkers had not really begun to take place. This research took place
53 when no formal date for enactment had been identified, and at best was being suggested as being
54 nine months or more away. There were only a small number of examples of either drinkers or services
55 showing any preparation for the change. For both groups, the consensus was for a need for a
56 combination of awareness raising and resources to be available to support such:
57
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59
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3 *'I think there should be more advertising, that's the first I've heard of it. So, then it's up to them*
4 *what steps they're going to take go forward in that. But yes, I think there should be more*
5 *advertising. I mean I drink every day. I didn't know nothing about that.'* (Drinker, Interview 18)

6
7 *'All the information readily available for people, whether that's like, an advert on TV, like*
8 *literally something that people can't ignore.'* (Drinker, Interview 34)

9
10 *'Yes, absolutely need more resources. Staffing levels, we have not got enough staff that's*
11 *not really beneficial for the Service users to have that many on a caseload so yes, just having*
12 *more staff in place really.'* (Provider, Interview 15)

13
14 *'You will need more debt counsellors and social workers to cope with families cutting back on*
15 *other household expenditure just so they can have a drink every now and then.'* (Drinker,
16 Survey 75)

17
18
19 Some workers identified the need to help prepare individuals within their caseloads.

20
21 Unlike the providers, few drinkers anticipated doing anything to prepare for the introduction of MPA:

22
23 *'Well I don't see what difference it is going to make now because it is going to happen anyway,*
24 *and how are they going to prepare for it because they haven't got the money and resources to*
25 *buy the alcohol anyway. They can't plan. It is not as if they can save money going forward*
26 *because they haven't got any money.'* (Drinker, Interview 22)

27
28 But the small number who did, suggested either pre-implementation stock piling or beginning the
29 process of switching away from the products likely to increase in price most significantly:

30
31 *'Do you know what, when my next shop for cider was going up and I'd buy a couple of boxes*
32 *and store them up ready for this nonsense.'* (Drinker, Interview 36)

33
34 *'I will not spend £9 on a bottle of cider, no way. I could stock my cupboards up or ... I wouldn't*
35 *spend that, no way. {interviewer -I: Okay, so you will prepare by trying to cut down?} Yes, cut*
36 *down. Either that or change to something else, lager or something. ...'* (Drinker, Interview 18)

37
38
39 Longer-term solutions such as cutting down the quantity consumed or seeking professional support
40 were mentioned by only a small number of drinkers.

41 42 Discussion

43
44 This paper has presented findings from a mixed methods study drawing on the specific perspectives
45 of drinkers and service providers across Wales about the introduction of MPA, and with a focus on the
46 likelihood and nature of substance switching.

47
48 The headline finding was that mass switching from alcohol to illegal drugs was thought to be an
49 unlikely consequence of MPA. Consistent with other research findings, alcohol was perceived to be a
50 clear drug of choice for most drinkers and therefore any switching would be from one alcohol to
51 another (Doran and DiGiusto, 2011; Hobday et al, 2016, Muller et al, 2010). Where substance
52 switching might occur, it was felt to be to drugs that mimic the effects of alcohol, such as
53 benzodiazepines, or possibly to cannabis and synthetic cannabinoids. This echoes Peters and Hughes
54 (2010) finding. Crossing over the boundary from a legal to an illegal activity was anticipated only
55 among certain types of drinker, notably those with prior experience of illegal drug use (Miller and
56 Droste, 2013). Thus while switching to potentially more dangerous substances is often vocalised in the
57 context of increased alcohol prices, our study and the literature suggests changing of drinking product
58 is much more likely.
59
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3 In our study, drinkers and service providers alike were generally pessimistic about the potential impact
4 of MPA, largely because they believed people would find ways to keep drinking at similar rates. It was
5 thought that low-medium risk drinkers would more readily absorb the price increase into their existing
6 budgets without the need for significant change in behaviour. In contrast, it was anticipated that high-
7 risk drinkers, were those with a need or addiction, and as such would continue drinking by employing
8 a range of strategies to help them cope with the price increase. Common to many other research
9 studies is the consideration of drinkers aligning budgets, re-directing spending and going without in
10 response to increased costs of alcohol (Black et al, 2011; Erickson et al, 2018; Falkner et al, 2015;
11 O'May et al, 2016; Stockwell et al, 2012). Many of our respondents expected such behaviours to be a
12 part of extensions of existing behaviours, already deployed in moments when money was tight.
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16 Within this general pessimism concern was expressed about the possibility that some of the
17 responding strategies (e.g. an increase in acquisitive crime, home brewing and use of counterfeit
18 alcohol) would have particularly negative consequences, not only for already economically pressed
19 drinkers but also for those around them. This included the suggestion of potential harm to children,
20 with some respondents worried that funds would be diverted away from rent, food, and clothing to
21 pay for alcohol. Further increases in abuse and violence more generally were also feared as a
22 consequence of heightened intoxication through consumption of stronger products.
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25 It is important to note that these somewhat negative predictions may well not materialise in the post-
26 implementation period. Research from other countries suggests that such concerns may not be wholly
27 justified (Faulkner et al, 2015; Chaiyason et al, 2011). This body of research highlights where the price
28 of alcohol was increased (through taxation or minimum pricing) that harmful coping strategies such
29 as stealing alcohol, committing income-generating crimes and substituting alcohol for non-alcohol
30 beverages are relatively uncommon (Black et al, 2011; Falkner et al 2015). It does, though, suggest
31 that re-budgeting was one of the most common strategies used in response to an increase in the price
32 of alcohol in other countries (Erickson et al, 2018). It is only with post-implementation research that
33 we will be able to establish the extent to which perceptions become realities.
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36 As found in Scotland shortly before implementation of minimum unit pricing, a general lack of
37 awareness of MPA and the new legislation was evident among service providers and drinkers (O'May
38 et al, 2016). As a result, few drinkers or indeed services had begun preparing for the change. When
39 probed about what preparatory work was needed, the consensus was that the focus should be on
40 raising awareness in simplistic terms and on signposting people to appropriate (and fully funded)
41 support services.
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44 Limitations

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46 This study has obvious limitations. In the first instance it is a perceptions study, rather than things that
47 have happened or that will definitely happen. As such, the report suggests possible, rather than actual,
48 future scenarios after the minimum price implementation. Secondly, while the policy is promoted as
49 a whole population measure (that will benefit all parts of society in some way), this study, due to the
50 perception among certain politicians of the possibility of switching, was deliberately focused on the
51 small, but significant, population of heavier drinkers and those providing services to them. While the
52 views appear to be representative of the sample, they are not representative of the whole population
53 of drinkers. The findings clearly reflect the context of those asked.
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56 Conclusions

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58 It perhaps comes as no surprise that those experiencing problems with their drinking and those
59 providing services to them had limited expectations of MPA. Both groups witness entrenched
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behaviour that is difficult to overcome. There was a consensus that for this particular group that MPA (especially at a price of 50p affecting only a few alcohol types) would make no overt difference to the dependent drinkers' consumption of alcohol. They were drinkers who needed to drink. The anticipated switching from strong cider to spirits, is borne out of the first-year sales data to emerge from Scotland (Giles et al, 2019, O'Donnell et al. 2019). The impact of realigned budgets, going without and increased family pressures, has recently been highlighted in the different context of the global Covid-19 pandemic (Fox and Galvani, 2020).

The lack of awareness of MPA among the respondents was a matter of particular concern given the potential negative consequences and the report recommended that action be taken. The Welsh Government responded positively to two recommendations of the report; to make available publicity (and material) of MPA and to organise some pre-implementation awareness events with service providers (Author B et al, 2019). They distributed a range of materials for drinkers, retailers, and services providers. In addition, they invested in events across the country, aimed at service providers and service user groups, to share the findings of the research and develop action plans in preparedness for implementation.

It should be noted that at the time of writing this paper, implementation of MPA has been overshadowed by the global Covid-19 pandemic. Within a week of the implementation date (02/03/2020), Wales experienced changing behavioural patterns in (panic) shopping and use; and within three weeks was in a full lockdown of strict physical distancing, with pubs and restaurants (on sales) closed, but off sales (shops) accessible and even deemed essential. In this context, it is going to take a significant period of time to establish if the fears and perceptions of MPA, as we have highlighted here, are borne out in the reality of post-implementation (and/or Covid-19 free) realities.

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